

Group-Level Intervention (HE/RR)

Date: _____

– Process Evaluation – (Example for 1 Intervention)¹

Agency Name/ID: _____

	Primary Population	Secondary Population
Risk Population Mark the risk population this form describes. This list reflects CDC's surveillance hierarchy of exposure categories. If an intervention serves multiple risk populations, choose one primary and one secondary risk population.	<ul style="list-style-type: none"> • MSM • MSM/IDU • IDU • Heterosexual • Mother with/at risk for HIV • General Public 	<ul style="list-style-type: none"> • MSM • MSM/IDU • IDU • Heterosexual • Mother with/at risk for HIV • General Public

Check which of the following best describes your agency:

- | | | | |
|---|--|---|---|
| <ul style="list-style-type: none"> • CBO - Minority Board • CBO - Non-Minority Board • Other Nonprofit | <ul style="list-style-type: none"> • State Health Department • Local Health Department • Other Government | <ul style="list-style-type: none"> • Academic Institution • Research Center | <ul style="list-style-type: none"> • Individual • Other |
|---|--|---|---|

Clients Served With CDC Funds (M=male; F=female; T=transgender; U=unknown)	# 19 years old				20 – 29 years old				30 + years old				Age data not available				TOTAL
	M	F	T	U	M	F	T	U	M	F	T	U	M	F	T	U	
<i>American Indian/Alaska Native</i>																	
<i>Asian/Pacific Islander</i>																	
<i>White</i>																	
<i>Black</i>																	
<i>Other</i>																	
TOTAL																	

<i>Hispanic</i>																	
<i>Non-Hispanic</i>																	
TOTAL																	

¹ This form is an example that can be used to characterize the critical elements for each intervention of this type. If helpful, data from these forms can then be aggregated to meet the reporting needs described in *Volume 1: Guidance*.

Group-Level Intervention—Process Evaluation
1 Intervention P. 2

Enter the number of clients who received this group-level intervention in each of the following settings:

Type of Setting

CBO _____	HIV Counseling & Testing _____	Correction/Detention _____
Community Setting _____	STD Clinic _____	School/Educational _____
Clinic/Health Care Facility _____	Drug Treatment Facility _____	Other _____

In the table below, enter the number of people of each race/ethnicity who received

- C** only 1 session of this GLI,
C only 2 sessions, and
C 3 or more sessions

Race/Ethnicity of Clients	Only 1	Only 2	3+
<i>American Indian/Alaskan Native</i>			
<i>Asian/Pacific Islander</i>			
<i>Hispanic</i>			
<i>White (non-Hispanic)</i>			
<i>Black (non-Hispanic)</i>			
<i>Other</i>			
Total			

In the left column, enter the number of referrals made during this GLI to the services shown in the table below. In the right column, enter the number of referrals that are known to have been completed.

Service Types	Referrals Made to Service Types	Referrals Followed Through By Clients
<i>STD Clinic</i>		
<i>HIV Counseling & Testing</i>		
<i>Tuberculosis Clinic</i>		
<i>Drug Treatment</i>		
<i>Family Planning</i>		
<i>Mental Health</i>		
<i>HIV Early Intervention</i>		
<i>Other Medical Services</i>		
<i>Entitlement Program</i>		
<i>Job Skills/Acquisition</i>		
<i>HIV Partner Counseling and Referral</i>		
<i>Prevention Case Management</i>		
<i>Individual-Level Counseling</i>		
<i>Group-Level Counseling</i>		
<i>Other: _____</i>		

Staffing and Expenditures

Number of full-time equivalent staff providing this GLI whose salaries are funded by CDC: _____

Number of volunteers providing this GLI: _____

CDC 99004 HIV Prevention funds that were expended for carrying out all aspects of this GLI: \$ _____

